BRIAN SANDOVAL
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Member

TRACY DIFILLIPPO, ESQ

Consumer Member

SHELL MERCER, ESQ

Consumer Member

JULIE STRANDBERG
Executive Director

Email: chirobd@chirobd.nv.gov

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA

4600 Kietzke Lane, M-245 Reno, Nevada 89502-5000 Fax (775) 688-1920

Telephone (775) 688-1921 Website: http://chirobd.nv.gov

Dear Sir or Madam:

To file a complaint with this Board, please complete and submit to our office at the above address the enclosed complaint form and authorization to release information.

Most complaints concerning fee disputes and/or billing procedures are not within this Board's purview. If it is determined that your complaint is not valid or does not fall within this board's jurisdiction, you will be informed of such.

If the Board determines that your complaint is well founded, you may expect to be contacted by a Board appointed investigator or a designated member of the Board.

Sincerely,

Julie Strandberg
Executive Director

CHIROPRACTIC PHYSICIANS' BOARD OF NEVADA 4600 Kietzke Lane, Suite M245, Reno, NV 89502 • 775-688-1921

COMPLAINT FORM (Please print or type)

Name and address of the chiropractor against whom you are filing this complaint:	Name, address and phone number of person filing this complaint:
	Phone No:
regard to the conduct or actions of the chiropractor	tions. Please provide as much detail as possible with or that make up the basis of your complaint. Please ed from the chiropractor's conduct or actions. Attach additional pages if necessary.
Names, address and phone numbers of witnesse	s to and/or others who can corroborate the above:
(1)	(2)
Dhana	Dhara
Phone:	Phone:
I hereby attest that the above information is tr	rue and accurate to the best of my knowledge.
Signature	Date